

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097937188**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		1				
5		10				
6		1				
7		10				
8		1				
9		10				
10		1				
11		10				
12		1				
13		10				
14		1				
15		10				
16	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						